

APN#: 1220-04-516-008

DOUGLAS COUNTY, NV **2018-916729**  
Rec:\$35.00  
\$35.00 Pgs=4 07/13/2018 03:50 PM  
ETRCO  
KAREN ELLISON, RECORDER

**Recording Requested By:**  
Western Title Company

**When Recorded Mail To:**  
Tami Linder  
3750 Desert Pinon Drive NE  
Rio Rancho, NM 87144

**Mail Tax Statements to: (deeds only)**

Same as above

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT – DEATH OF TRUSTEE

Tami Linder, formerly Tami J. Ghafouri, Successor Trustee, of legal age, being first duly sworn, deposes and says:

1. Vikki L. Westcott, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Vikki L. Westcott named as Trustee in the Declaration of Trust dated 8/17/2006 and executed by Vikki L. Westcott, an unmarried woman as Trustor(s).
2. At the time of the decedent's death, decedent was the record owner, as Trustee, of certain real property commonly known as 1347 El Dorado Ave E #19Gardnerville, NV 89410, which property is described in a Deed which was executed by Vikki L. Westcott, Trustee of The Vikki L. Westcott Living Trust dated August 17, 2006 as Grantor(s) on August 24, 2006 and recorded as Instrument No. 0682905, in Book 0806, Page 9216, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:
3. The legal description of said property is as follows:

**Lot 19, of EL DORADO VILLAGE UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 14, 1973, in Book 1273, Page 352, as Document No. 70678.**

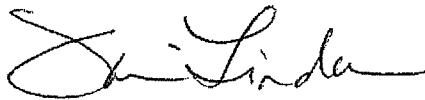
**Together with an undivided interest in and to the whole of the common area designated as common areas of said subdivision.**

4. I am the named successor Trustee under the above-referenced Trust, which was in effect at the time of the death of the decedent mentioned in Paragraph 1, above, and which has not been revoked, and I hereby consent to act as such.
5. There is no federal estate tax as the result of the death of the decedent mentioned in Paragraph 1, above.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

Dated 7/11/18

The Vikkie L. Westcott Living Trust  
dated August 17, 2006.



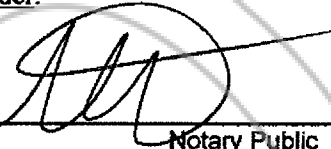
Tami Linder, formerly Tami J. Ghafouri, Successor Trustee

STATE OF NEW MEXICO )SS

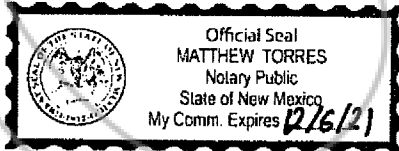
COUNTY OF Bernalillo

This instrument was acknowledged before me on  
11 JULY 2018

By Tami Linder.



Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4018293

**CERTIFICATE OF DEATH**

**2018009873**  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Vikki Lyn WESTCOTT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 14, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Embr. Rm. Inpatient(Specify) <b>Inpatient</b>	
	4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>61</b>		7c. UNDER 1 DAY <b>01:50</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 02, 1957</b>	
<b>DECEDENT</b>	9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER <b>██████████3475</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>1347 El Dorado Drive #E</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Marion Leroy BOLINDER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sue Ann SANDERS</b>		
<b>PARENTS</b>	18a. INFORMANT - NAME (Type or Print) <b>Tami LINDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3750 Desert Pinon Drive NE Rio Rancho, New Mexico 87144</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>	
<b>DISPOSITION</b>	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JUSTIN FRICKE</b>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JUSTIN FRICKE</b>			
	21b. DATE SIGNED (Mo/Day/Yr) <b>June 11, 2018</b>		21c. HOUR OF DEATH <b>01:50</b>		22c. HOUR OF DEATH <b>01:50</b>	
<b>CERTIFIER</b>	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 14, 2018</b>		22e. PRONOUNCED DEAD AT (Hour) <b>01:50</b>	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Justin Fricke P O Box 218 Minden, NV 89423</b>				23b. LICENSE NUMBER <b>0523</b>	
	24a. REGISTRAR (Signature) <b>PALOMA VACA</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 12, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>REGISTRAR</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <b>Non-ST-Elevation Myocardial Infarction</b>				Interval between onset and death	
	(b) <b>Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death	
<b>CAUSE OF DEATH</b>	(c) <b>Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death	
	(d) <b>Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>New LBBB, Cardiomyopathy with known EF 20%, Acute on chronic CHF, Hypokalemia, AMS/Confusion, Hypoxemia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
	28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)			
	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

000723638



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUN 13 2018**

*Julie Katcheva*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

VRS-Rev-20120523a

